2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2005 8:00 am
Secretary of State
06-27-2005 90001 029 ***150.00
07-25-2005 90108 042 ***400.00

DOCUMENT # P03000056063

1. Entity Name
COVENSA CORPORATION

Principal Place of Business	Mailing Address
4552 NW 114 AVE 1512 MIAMI, FL 33178	4552 NW 114 AVE 1512 MIAMI, FL 33178

2. Principal Place of Business	3. Mailing Address
5521 NW 112 AVE	5521 NW 112 AVE
Suite, Apt. #, etc.: 116	Suite, Apt. #, etc.: 116
City & State: Doral, FL	City & State: Doral, FL
Zip: 33178 Country: USA	Zip: 33178 Country: USA

05122005 Chg-P CR2E034 (10/03)

4. FEI Number: 54-2122675 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORVAIA, CARLA 5536 METROWEST BLVD APT 112 ORLANDO, FL 32811	Name: QUINONEZ SIMARAY Street Address (P.O. Box Number is Not Acceptable): 5521 NW 112 AVE #116 Doral FL 33178 City: DORAL FL Zip Code: 33178

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 06/22/05
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD QUINONEZ, SIMARAY 9760 NW 47 TERR MIAMI, FL 33178	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD QUIÑONEZ, SIMARAY 5521 NW 110 AVE #116 Doral FL 33178	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CORVAIA, CAROLA 9760 NW 47 TERR MIAMI, FL 33178	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CORVAIA CAROLA 5521 NW 112 AVE #116 Doral FL 33178	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AD CARRIZO, JOSE 9760 NW 47 TERR MIAMI, FL 33178	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AD CARRIZO, JOSE 5521 NW 112 AVE #116 Doral FL 33178	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CORVAIA, CARLA 9760 NW 47 TERR MIAMI, FL 33178	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CORVAIA, CAREM 5521 NW 112 AVE #116 Doral FL 33178	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 06-22-05 3055935840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #